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Walden University

College of Health Sciences

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Debra Ann Quenga

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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The Office of the Provost

Walden University
2019

Abstract

The Perceptions of Transgender Patients Toward Nursing Care

by

Debra Ann Quenga

MSN/ED, University of Phoenix, 2006

BSN, University of Massachusetts, Dartmouth, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

November 2019

Abstract

Transgender individuals present unique issues when seeking care that many nurses are not prepared for. Nursing education is lacking in transgender care for both nursing students and practicing nurses, which may delay care or lead to patients not disclosing their gender if they feel their needs are not understood or that there is bias toward them. Due to the limited research available, educators are not prepared to include transgender care in their nursing curricula, leading to a lack of knowledge and skills needed to care for this population. The purpose of this qualitative study was to explore the perceptions of transgender patients toward the nurses who provide their care. The theoretical framework was Jean Watson's philosophy and science of caring. Using narrative inquiry, the eight participants told their stories and experiences while seeking care with nursing staff. Analysis was conducted using a codes to categories to themes approach resulting in assertions from the data. The results of this study indicated several key issues such as the nurses did not know how to provide care for the transgender patient, patients are providing education to the nurses, they are hesitant to disclose their gender status, and they do not feel safe when they do disclose their status. The results of this study provide an understanding on the perceptions of the transgender patient and provide information to nurses and nursing educators on the needs of the transgender community. Positive outcomes can also be improved care by knowing the needs of the transgender patient population, building trust, and providing a safe place to seek and receive competent care.

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Dedication

I would like to dedicate this study to my wonderful nephew. He gave me the inspiration for this study and helped me understand the issues of the transgender patient. I would also like to dedicate this study to the transgender individuals whom I have met during this journey and allowed me to tell their stories.

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Chapter 1: Introduction to the Study

Transgender patients have unique health concerns that nurses need to understand to provide a safe, nurturing environment. For nurses to understand the needs of the transgender patient, research must include the perceptions of these patients to understand how to provide care and improve outcomes. Transgender patients face multiple barriers to enjoying good health and wellness such as providers' lack of awareness and inability to manage their care, social isolation, substance abuse, stereotyping, and transphobia (Beagan, Fredericks, & Goldberg, 2012, p. 45). These patients can also be faced with stigmatization and even violence (White Hughto, Reisner, & Pachankis, 2015). Some of the additional issues that transgender patients may encounter are reluctance to disclose their gender status, being treated by an experienced care provider, structural barriers, and many financial concerns. Individuals may also be reluctant to disclose what their gender status due to the fear of stigma as well as cultural prejudices (Roberts & Franz, 2014). Each of these factors places the transgendered individual at risk for a poor quality of life.

Further, with a gap in knowledge, transgendered patients are put at a higher risk for receiving poor quality care. This also may result in the nurses having a negative attitude toward the patient and cause more issues such as stereotyping (Carabez, Eliason, & Martinson, 2015). However, nurses are tasked with "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (<http://www.nursingworld.org>). This research will cover (a) perceptions of transgender

patients, (b) the training or lack of training of the nurses who care for them, and (c) how can this data be implemented into curricula.

Background of the Study

When a child is born, or is in utero, he or she is defined as either male or female and have gender expectations that are assigned to them by their family (Bethea & McCollum, 2013). Individuals who define themselves as transgender are expressing this in a nontraditional role. There are many issues that are faced by patients when seeking care but transgender patients have their own set of issues. When seeking care, transgender patients expect to receive the same care that all other patients receive as well as having nurses understand their needs and show no bias toward them (Beagan, Fredericks & Goldberg, 2012). If these patients are concerned about how they are treated while seeking care or fear that they will be refused due to their gender status, they may postpone seeking any healthcare (Biederman & Hines, 2016).

Though transgender individuals present unique issues when seeking care, many nurses are not prepared to provide care for these individuals. Nursing education is lacking in transgender care knowledge, skills, and attitudes for both nursing students and practicing nurses because there is limited research available to help educators in designing programs as well as curricula (Carabez et al., 2016). Another issue is the absence of specific information and knowledge about the needs of these patients (Hallman & Duhamel, 2016). This lack of knowledge for preparing student nurses can impair patient and provider communication and can reinforce the healthcare system's lack of attending to the health care needs of the transgender population (Biederman &

Hines, 2016). By adding transgender care related with health and wellness into the nursing school curriculum and continuing education programming, educators can address the lack of education and training that is occurring in the nursing field.

Transgender patients report that due to the lack of knowledge and support when seeking care, they have learned how to navigate the system (Roller, Sedlak, & Draucker, 2015). To find health care, or navigate the system, transgender individuals report finding loopholes in the system to find the healthcare they need; however, they are continuously challenged in their search. The practice of finding these loopholes creates more issues such as taking part in fraud to receive health care, a practice they do not want to have to use (Roller et al., 2015). With the lack of training in both the nursing and medical fields, some transgender patients see no other way to meet their needs. Additionally, when these patients do seek care, they may be treated with disrespect due to their gender status. The experiences of these patients indicate that they will not only encounter refusal of medical treatment but that medical personal are not trained to provide care (Poteat, German, & Kerrigan, 2013). Thus, I conducted this study to improve the care of transgender patients and provide information to help in the education of nurses, nursing students, and nurse educators.

Problem Statement

Transgender patients not only have a unique set of issues, but the nurses who care for them are not able provide the same care that other patients receive. This is due to a gap in knowledge on how to provide care for these patients. The transgender patient may be at an increased risk of health issues, but there is a lack of research in addressing their

concerns and issues (Owen-Smith et al., 2016). Without the research to guide nurses, they may not be able to understand the needs of these patients. Therefore, it is important to address transgender patients' perceptions. By examining the perceptions of health care, I hope to provide information to better serve the transgender community.

Transgender patients also have negative experiences with care. When transgender patients seek care, they expect to receive the same care all other patients receive as well as expecting nurses to understand their needs and show no bias toward them (Beagan, Fredericks & Goldberg, 2012). Transgendered patients may postpone seeking any healthcare if they are concerned that they will be either mistreated or experience stigmatization (Biederman & Hines, 2016). Another barrier that these patients face is fear that they will be refused care due to their gender status (Biederman & Hines, 2016). However, some studies that address the issues that are encountered in the care of transgender issues are outdated (Lim & Hsu, 2016), revealing a need to continue studies that reflect the attitudes of nurses toward transgender patients. Understanding these attitudes are important when assessing the issues affecting these patients (Lim & Hsu, 2016).

Another issue is that nursing education in caring for a transgendered patient lacks specific information and knowledge about the needs of these patients (Hallman & Duhamel, 2016). This lack of knowledge for preparing student nurses can impair patient and provider communication and can reinforce the healthcare system's lack of attending to the health care needs of the transgender population (Biederman & Hines, 2016). Additionally, there is limited research to guide nursing educators in designing

programming and curricula for the knowledge, skills and attitudes necessary for this unique patient population (Carabez et al., 2016).

Purpose of the Study

The purpose of this study was to examine the perceptions of transgendered patients toward the nursing care they receive. These patients have specific needs and are at risk for not receiving the proper care. These patients may not seek medical care that is needed if they are concerned that nurses are not educated for their specific needs. Many of these patients delay seeking care due to lack of nursing education and bias (Biederman & Hines, 2016). However, there is a gap in literature and education in addressing the needs of these patients based on their perceptions. Current curricula do not adequately address the care of these patients, which forces this patient population to educate the nurses in the care that is provided (Morris & Starke, 2018). By examining the perceptions of the experiences of transgender patient toward nursing, education can be improved on what the needs are of these patients that will improve their care. When nurses are trained in the care of these patients, studies have indicated that a more positive and knowledgeable attitude is achieved (Bristol, Kostelec, & MacDonald, 2018).

Data were gathered from transgender participants through interviews to understand how to improve care for these patients. This research was done using narrative inquiry, which allowed me to gather the stories and experiences of the participants and analyze the data to understand the meaning of these experiences (Merriam & Tisdell, 2016). In research, perspectives and shared beliefs provide meaning and analysis of gathered research data (Kivunja & Kuyini, 2017). The collected data can be applied to nursing curricula to train nurses on the care of these individuals as well as provide education opportunities for practicing nurses. This will provide nurses with an understanding of the needs of these patients.

Research Question

What are the perceptions of transgender patients toward the nursing care they receive?

Theoretical Framework

The selected framework for this study was Jean Watson's theory of human caring, which involves treating a human as a valued person or patient. Watson's theory is centered on the nursing philosophy of helping patients achieve wellness (Sitzman, 2007). Additionally, the goal is to help a patient achieve harmony within their mind and body as well as their souls (Suliman, Welmann, Omer, & Thomas, 2009). Watson's theory also involves practicing kindness, cultivating one's own spiritual practice and a moral commitment to protect and enhance human dignity (Watson, 2008). This theory aligns with the research in that caring is the core of nursing. Nurses must be sensitive to and understand the needs of their patients, providing competent care.

Watson's theory is also focused on human caring relationships (Suliman et al., 2009). If patients do not feel that the nurse is caring, this can affect the relationship between them and lead to a bigger discrepancy in care such as when a nurse does not understand the special needs of a transgender patient. However, transgender health is not adequately addressed in nursing school curriculum, resulting in the inadequate care of these patients (Biederman & Hines, 2016). Thus, I used Watson's theory to address this issue, as it is focused on a connection of human beings, the patient, and the nurse. This framework also involves Provisions 1 and 2 of the Nurse's Code of Ethics. These provisions involve practicing with compassion and respect, and the commitment of the nurse toward his or her patients (nursingworld, 2015). The goal of health care is to make each patient valued as well as feel comfortable when seeking treatment (Halloran, 2015).

Nature of the Study

The nature of this study was qualitative with a narrative inquiry approach, which allowed me to explore the perceptions and experiences of the participants. This approach uses the stories and experiences of the participants (Grove, Burns, & Gray, 2013). This approach allows the participants to tell their stories to the researcher, reflecting on the important life issues they encounter and adding unique perspectives to the study (Rudestam & Newton, 2014). By using this approach, the transgender individuals provided information on their experiences with nursing care. Examining these experiences and how nurses are prepared gave me insight on how prepared nurses are to care for transgender patients. Additionally, this information may be useful in research to examine if nursing school curricula are providing students with the foundations of

transgender care, preparing them for clinical practice. By understanding and using these experiences, a model of care can be developed for use in nursing curricula.

The study only included adult transgender individuals. The plan was to include transgender participants who have finished the transition process or those who were currently going through it. However, the study included transgender individuals who were in Stage 1 of transition, though not those who only recently began the transition and had not started any steps toward the transition process. The plan for recruitment was a snowball sampling method, where interviewing one or two participants can lead to them asking others to participate (Goodman, 2011). I had planned to contact a local transgender support group to begin recruiting. However, I reached out on social media to begin recruiting by word of mouth. This led to several potential participants reaching out. I also reached out to the administrator of a transgender support group on social media. I explained my research and asked if she knew of any transgender individuals would be interested in participating.

This data were collected in interviews with the participants. Most of the interviews were recorded digitally. In cases where a face-to-face interview was not available, video interviews were utilized. The data were analyzed in a coding method. The coding method allows the researcher to use words or phrases, summarizing the data (Saladana, 2016). After the coding was completed, the information was categorized in preparation for analysis.

Definitions

The following is a list of terms associated with the transgender community. It contains words used in various studies, both nursing and transgender, as well research that I conducted.

Cisgender: The gender identity that is assigned when a child is born (Sedlak, Veney, & O'Bryan Doheny, 2016).

Gender confirmation surgery: The surgical procedure that will alter an individual's appearance to reflect preferred gender. Bottom surgery refers to correcting genitalia. Top surgery refers to correcting an individual's chest to match gender presentation (DeFruscio-Robinson, 2018).

Gender dysphoria: A term that describes feeling uncomfortable or even distress that is related to a person's gender identity not matching his or her birth assigned gender (Institute of Medicine, 2011).

Gender fluid: Describes a changeable gender or an individual who may shift between genders (DeFruscio-Robinson, 2018).

Gender identity: This term "refers to one's self-concept as either male, female, a blending of male and female, or as none of these" (Sedlak et al., 2016, p. 301).

Gender neutral: This term refers to "not specific or restricted to any particular gender" (DeFruscio-Robinson, 2018, p. 229).

Gender variant: This term refers to displaying gender traits that does not fit the traditional male or female models (DeFruscio-Robinson, 2018).

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (DeFruscio-Robinson, 2018).

Nonbinary gender: Refers to individuals who are unable to match their sex at birth, but do not identify themselves as either male or female (Fenway Health, 2016).

Queer: A term that was once derogatory but is now used to reflect a “more politicized and diverse understanding of sexual orientation(s) and gender identities within LGBTQ+ communities” (Goldberg, Rosenberg, & Watson, 2017, p. 1)

Transgender: The term that refers the individual whose identity does not match their assigned sex (Sedlak et al., 2016). A transgender woman is a male who identifies as a woman. A transgender man is a female who identifies as a male.

Transsexual: The term used for an individual whose identity is the opposite sex (DeFruscio-Robinson, 2018).

Assumptions

The assumptions of this study included that nurses have not been properly educated or trained to care for the transgender patient. It was also an assumption that the training should begin in nursing school, preparing a student nurse in the care of these patients. One of the issues involving students is their attitudes toward LGBTQ patients (Lim, Brown, & Jones, 2013), which may affect how they practice once they become nurses. It was assumed that by first providing the proper education on the care of these individuals, nursing students will identify whether they have a bias, prejudice, or lack of understanding in transgender healthcare.

Situating Myself

I began an interest in this transgender and nursing care when a member of my family began the journey of transitioning. Therefore, I decided to pursue research in the perceptions of the transgender patient toward nursing care. As a nurse, I want to be properly trained in the care of all patients. With the increasing number of transgender patients in the healthcare setting, nurses need to be trained in the unique care of these patients.

Scope and Delimitations

The scope of this study only included transgender individuals who are either mid-transition or complete transition. Participants were over 18 years of age and included both male and female transgender individuals. It was my intention to have at least 10 participants, and up to 20 or until saturation occurred. This study may have only represented a small portion of transgenders and their perceptions of care. My intention was to have participants who live in my local area in Southeastern Massachusetts. However, through snowball sampling, I had participants from other areas.

Limitations

The limitations of this study included having problems with recruitment. I was provided with many potential participants and many of them had reached out to me; however, follow up was not successful. Additional potential limitations included participants not being willing to share their experiences regarding nursing care; however, this was not the case. Finally, there may be bias within the transgender community itself

toward nurses, due to experiences while seeking care. Bias with the researcher was examined before the actual study.

Significance of the Study

In exploring the problems transgender patients face when seeking care, educators can ensure nursing students are given the tools as well as the education to be prepared. This study may to help reduce the stigma, prejudices, and misconceptions involved with a lack of education. This study may also encourage continuing education in health care facilities to the nursing staff. As these patients age, they will have nurses who are prepared to take care of their needs as elderly patients, including long-term care nursing.

Walden believes that both education and social change are important to the common good (Walden University, 2017). The information from this study could bring about social change by providing ways to improve the health care of transgender individuals that begins in nursing school and continues into nursing education for practicing nurses. The goal of this research was to provide a way for educators, nurses, and students to benefit from understanding the needs of transgender patients. Change may start on a small scale such as my nursing program and move on to include other schools of nursing and nursing education. This study provides awareness of the need for education in the care of these individuals, which can improve care by providing nurses who are competent and caring when they leave nursing school.

Summary

I conducted this study to understand the unique needs of transgender patients by exploring their perceptions of nursing care. By understanding the needs of these patients,

educators can provide nurses and students with education and training, which will lead to competent nursing care. Chapter 1 provided the background of the study, the problem statement, research question, the framework, definitions, assumptions and limitations. Chapter 2 will provide the literature review with the current information regarding the perceptions of both the patients and nurses in transgender care.

Chapter 2: Literature Review

Introduction

The purpose of this study was to examine the perceptions of transgendered patients toward the nursing care they receive as well as the gap in literature addressing the needs of these patients. Many of these patients delay seeking care due to lack of nursing education and fear of bias or mistreatment (Biederman & Hines, 2016). Additionally, transgender individuals experience many disparities in seeking health care that may keep these patients from seeking health care (Safer et al., 2016). Transgender individuals present unique issues when seeking care, and many nurses are not prepared to provide care for these individuals. Educating nurses to care for these patients may not be occurring both for experienced nurses and nursing students. There is limited research to guide nursing educators in designing programming and curricula for the knowledge, skills, and attitudes necessary to meet the needs of this patient population (Carabez et al., 2016; Hallman & Duhamel, 2016). This lack of knowledge can impair patient and provider communication and reinforce the health care system's lack of attending to the health care needs of the transgender population (Biederman & Hines, 2016).

This chapter will include the literature I used in my research regarding the perceptions of transgender patients, nursing education, and how curricula address the care of transgender patients. The main purpose of the search was to understand the perceptions of transgender patients regarding the competence and awareness of nurses who provide their care as well as what the problems are and what can be done to address them. Another purpose was to understand whether the issue of competent care is being

addressed in nursing school curriculum. Some of the literature has shown that there is a lack of education in curriculum in schools of nursing. By gaining an understanding the perceptions of these patients, the problems that exist, and whether nursing curriculum is preparing nurses to take care of transgender patients, I had better insight for conducting this study to improve nursing curriculum with transgender health.

Literature Search Strategy

The databases I used in the literature search were Walden University, University of Phoenix and Bristol Community College, and Google Scholar. I used several books as well that included transgender health, caring practices, and theoretical foundations. Within the databases, I used CINAHL, Medline, and ProQuest. Other sources used were the Institute of Medicine; National Academies of Science, Engineering and Medicine; U.S. National Library of Medicine; and the National LGBT Health Education Center. The key terms that were used for these searches were *perceptions*, *transgender*, *frameworks*, *caring*, *nurses*, *curriculum*, *education*, *training*, *students*, *qualitative*, and *attitudes*. The articles used were from 2013-2019 as well as seminal works.

Theoretical Foundation

The selected framework for this study was Watson's theory of human caring because it involves treating a human as a valued person or patient, which aligns with the goal of nursing to help patients achieve wellness as well as a harmony between mind and body (Sitzman, 2007; Suliman et al., 2009). This theory aligns with this study because caring is the core of nursing, and nurses must be sensitive to and understand the needs of their patients and provide competent care. Watson's theory also involves practicing

kindness, cultivating spiritual practice and a moral commitment to protect and enhance human dignity (Watson, 2008). Additionally, Watson's theory is focused on human caring relationships (Suliman et al., 2009), which can lead to discrepancies in care if nurses do not show a caring attitude or understanding of transgender patient needs.

The rationale for this selected theory is that Watson provides nursing with a theory that involves dignity to both nursing and patient care (Watson, 2008). By providing a caring and respectful attitude for transgender patients, nurses utilize Watson's theory. Watson also talks about the importance of using self-reflection, which can guide educators in helping students develop a sense of "ethical knowing" (Sitzman & Watson, 2014, p. 69). Watson's theory is also important because nurses are in a humanitarian profession that centers on caring (Watson, 2008). By understanding the patient and providing care that involves an interpersonal relationship, nurses can show a competent and caring attitude. Transgender patients may already have perceived a feeling of discrimination within health care, but a caring nurse can make patients feel that their needs are being addressed.

Watson (2008) also provides guidelines such as listening with a caring heart and being open. Nurses should not be judgmental and should provide a hopeful environment to a population who may be in a crisis mode, which may enable transgender patients to have the confidence needed to seek care. By using Watson's care theory, nurses, students, and educators provide a caring environment that allows a transgender patient to feel visible. This helps to foster an understanding of these patients as well as the community (Watson, 2008). By applying Watson's caring theory, nurses also examine

personal biases and prejudices, which will allow them to understand the patients and create a healing environment (Goldberg et al., 2017).

Literature Review in the Care of Transgender Individuals

For this literature review, I will discuss the gap in nursing education, the nursing profession, and the perceptions of transgender patients regarding their experiences. The literature has indicated the importance of beginning the training of nurses for transgender care in nursing school. If nurses are not competent in the care of a transgender patient, educators must take steps to ensure nursing students are receiving the education. Education should also continue into clinical practice. To accomplish this, nursing curriculum must include transgender care. If nurses are not prepared to care for these patients, they could unintentionally cause harm when giving care (Merryfeather & Bruce, 2014).

Gender and Misconceptions

The term *transgender* itself is an evolving term. A transgender individual uses the term as their inner identity (Hanssman, Morrison, & Russian, 2008). Along with this evolving term is the evolving strategies to provide competent care. However, there are continuous barriers to care. For example, there is an issue with how gender is viewed. When a child is born, he or she is assigned a gender along with the expectations of that gender (Bethea & McCollum, 2013). However, individuals may not fit into the assigned category, and not meeting gender expectations can lead to issues with disclosure of gender identity to health care professionals.

Though most transgender research is on adults, research on younger transgender individuals has indicated the need for more research on their experiences with health care. Torres et al. (2015) explored transgender issues that began from birth and into the teenage years, noting a lack of studies involving this population and that many have gone underserved. Their research suggested how the perceptions of transgender individuals toward nursing is influenced as they approach adulthood, which has implications on how the adult transgender will seek care. If a transgender youth experiences discrimination or victimization, especially in the health care system, they may not seek out care as adults. This may influence the perceptions of transgender individuals toward nursing.

One of the factors affecting health care for transgender individuals is the attitude that there are only two genders (Merryfeather & Bruce, 2014). For instance, children who are born ambiguously will have the gender decided for them, but the child may or may not identify with the chosen gender. In addition, when nurses do not have a clear understanding of what the needs of these patients are, they can unintentionally harm them. When a gender identity disorder is present, the nurse must be able to provide competent and knowledgeable care. However, nursing schools are not addressing the issues of transgender care, and many attitudes toward transgender individuals include the belief that their health care needs are no different from other patients, which does not acknowledge patients' identities. Some nurses may not provide the proper care or refuse to care for them, not use the proper name, or may even abuse these patients. Thus, there is a need for more research on transgender patient care, especially when research has been focused on lesbian, gay, and bisexual patients (Merryfeather & Bruce, 2014).

Another problem that is emerging in the care of transgender patients is whether treatment be based on the assigned gender. For example, Neira (2017) stated that the subject of renal function, the glomerular filtration rate, is based on variables such as race, gender, and the age of the patient. But using these variables can become a problem such is how to proceed with treatment. Health care of the transgender patient occurs throughout all disciplines, so a lack of understanding in their care can create a negative experience for them (Neira, 2017). When the medical community as well as the nurses caring for these patients are not educated in transgender health, there can be an issue of harming them. Along with the barriers to health care and the misconceptions noted in the literature, transgender patients continue to experience lack of knowledge of their gender identities, along with negative experiences, by their providers (Lerner & Robles, 2017).

Nursing Care and Attitudes

Due to social barriers, there has been legal discrimination in transgender care (Lim & Hsu, 2016), which has led to lack of care for these patients. Education is important for nurses and should begin in nursing curricula (Lim & Hsu, 2016). Additionally, it is important to understand the attitudes of nurses toward these patients, so research can be done to understand transgender patients' perceptions of the care they receive, especially because there is a gap in research addressing these perceptions (Lim & Hsu, 2016). Before 2000, attitudes and biases against LGBT were more negative compared to later studies, and much of the research had been conducted with female participants (Lim & Hsu, 2016).

The healthcare outcomes of transgender patients are poor when there is a disparity in how they are treated and leads to a compromise in health care (Roller, Sedlak & Draucker, 2015). Further, the mental health of these patients is at risk, and transgender individuals are at a higher risk for suicide (Roller et al., 2015). Because of health care disparities, transgender individuals have found the loopholes to obtain medications as well as treatment. This indicated that transgender patients had a mistrust of the healthcare system, feeling that the system is not fair and that they encounter uncaring health care providers, especially nurses who are not educated in the care of a transgender patient (Roller et al., 2015).

Transgender patients may also be discouraged from seeking health care. Strong and Folse (2015) explored why LGBT patients are discouraged from seeking health care and found that many were concerned that they will encounter not only negative attitudes from the providers but stigmatization. There is a lack of culturally sensitive care when health care providers are not properly trained and not knowledgeable. Transgender patients may not seek out health care due to the negative attitudes that are evident from the nurses who are providing care. However, nursing schools are still lacking in addressing transgender health and improving the student nurses' knowledge, attitudes, and cultural competence toward LGBT patients (Strong & Folse, 2015). Many times, attitudes are influenced by family, friends, and even the media as well as religion, and some nurses have reported past negative experiences with LGBT patients as well (Strong & Folse, 2015).

Further, many transgender patients continue to experience nonequal treatment even though many states have passed laws that prohibit discrimination. Health care professionals must work with the policy makers to ensure these patients are receiving the treatment they deserve. But there is a lack of communication skills and training of health care providers as well as obstacles with the electronic health records (Faught, 2016). If the electronic health record does not provide a gender option for these patients, when they are fully transitioned there may be an issue with an update in the record (Faught, 2016). By providing education, tools, and policy changes, transgender individuals will be provided safe and effective care; however, there is still an issue with the attitudes or belief systems of the employees.

Research has indicated nurses' negative attitudes toward transgender patients. For example, Zunner and Grace (2012) described a nurse's attitude toward a transgender patient when speaking to another nurse. The nurse claimed that the patient was seeking attention by being a crossdresser and did not accept the patient's transgender status, which was also apparent in the medical staff as well. The nurse who was experiencing this attitude was newly licensed and was never educated on how to care for a transgender patient. However, this nurse decided to educate herself and provide the proper care for patients (Zunner & Grace, 2012). Therefore, education is one way to remove barriers to care, though the education needs to begin in nursing school, so nurses are prepared for these patients in the clinical setting.

Another issue is doctors who do not or will not serve the needs of transgender patients. For example, a transgender male was seeking care but was turned away (Boston

Globe, 2017). Not only do they experience discrimination, they also encounter providers lack the proper training. This article reveals the attitude of transgender patients is that it may be better to avoid seeking care. If the medical field is full of misinformation, discrimination and inequality of care, how is the nursing field expected to provide competent care? Nurses not only need to have been properly trained to care for these patients, the medical field itself needs training as well. This article also indicated as mentioned previously, the electronic health care record may not indicate when a patient is transgender. This causes issues with the visit, starting with registration process (Kowalczyk, 2017).

Goldberg, Rosenberg, and Watson (2017), explored ways to improve the visibility of LGBTQ+ population. They indicated that the invisibility of this population is evident in health care practices. One issue that is occurring is that many nurses are treating transgender patients as they would a patient who is not transgender. The healthcare treatment that is created for the main group of patients does not provide equitable treatment, thus making the “non-normal” patient invisible. This indicates that the nursing field has not done enough to provide the healing for these patients (Goldberg et al., 2017).

Many healthcare providers, whether nursing or medical, want to provide the best possible care for their patients. However, many do not understand the needs of these patients (Mehta, 2017). Another barrier in a transgender individual seeking care is the attitude of non-approval of gender reassignment from providers. This can lead to a fear of disclosing the gender status. Many LGBTQ individuals will not only experience poor

medical treatment, but continuing discrimination (Mehta, 2017). Due to the negativity of stereotypes, as well as these attitudes of providers, these patients will continue to have poor health outcomes. Mehta (2017) suggests that improving care should be a priority, as well as making these patients feel safe, respected, and welcomed.

As the transgender community ages, needing care, such as residential care, the education of the nursing field continues to present an issue. If staff has not been trained to care for patients who are transgender and aging, the lack of compassionate care may continue. Older people can sometimes experience negative age-related attitudes from staff (Neville, Adams, Bellay, Boyd, & George, 2014). With these issues, the problem will only be worse for these patients. The attitudes encountered in this study appear to be an avoidance of the issues. The authors found that the answer to these issues is to provide culturally competent care. One of the findings in this study is that not only are the staff not culturally competent, there are the issues of the fellow patients who discriminate against the LGBTQ patients as well.

The literature indicates that there is a gap in how to help the transgender community. More research is needed to explore the LGBT issues as well as finding the funding to conduct these studies (Tillman, Creel, & Pryor, 2016). The authors indicated not only is there more studies and funding needed, but training needs to be addressed as well. With training, the healthcare inequity for this population could be diminished, along with gaining cultural competence. The disparities occur when there is discrimination and there needs to be an improvement in the care of these patients.

To help improve the care of transgender patients, it is important to identify that there is a lack of education and research and we need to find solutions to address and correct the issues occurring. Identifying the attitudes as well as the perceptions of nurses must begin in the education of nurses, such as in the curricula of nursing schools who are preparing them to enter practice. Many students may report an issue, such as feeling uncomfortable in caring for a transgender individual (Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015). The students also discussed they were not prepared in school to take care of these patients. If students are not being prepared for care of these patients, then nursing education will need to implement ways to improve the education of the nursing students. In evaluating the attitudes discussed here, nurse educators need to improve the education of their students to ensure they can take care of these patients. As the attitudes and misconceptions are explored, solutions can be implemented, education improved, and transgender patients will be confident that the care they will be receiving is by a competent nurse.

I have learned from the research that one of the biggest issues occurring is there is not enough research done to address the needs of the transgender patient. Also, another issue appears to be the lack of training of student nurses. Curricula appears to be the key to ensure nurses are trained in transgender care. By identifying the lack of training in schools of nursing, the field of nursing may be better prepared to care for and identify the needs of transgender patients.

Solutions

Tillman, Creel & Pryor (2016) offer some solutions to helping in the care of transgender patients. First, there needs to be more literature and studies in this population. Next, we need to come together as a profession. Nurses must be more involved, as well as finding ways to improve the healthcare of this population. One of their suggestions, as in much of the literature presented involves bringing LGBT health care to the nursing curriculum.

With research and education, we can provide a safe environment for transgender patients to seek care. Although a transgender patient may have the support of their family, the lack of training by the providers of care, including nursing, will continue to create issues for them. Patients must feel safe and confident in their providers. Along with feeling safe, a transgender patient wants to feel respected. Along with safe environment, a transgender patient wants to be addressed by the proper pronoun (Torres et al.).

Transgender individuals continue to face discrimination and adversity throughout their lives (Cicero & Black, 2016), but many will avoid seeking care due to these issues. When transgender patients are treated with disrespect, they feel harassed and discriminated against. To help care for these patients, the healthcare system must be changed. The authors of this article describe the issues that a transgender patient encountered, including a disrespectful staff in the emergency department. The patient was mistreated from the beginning of his triage assessment to the delivery of his health care. Only one nurse was understanding and treated him fairly. However, due to the

negative experience, this patient will not return to this emergency department. Cicero and Black (2016) address the issues and state that nurses have the opportunity to be a positive impact in healthcare (pg.28). By understanding their patients, better care can be provided. One solution is that the nurse should use the preferred pronoun, as well as his or her preferred name.

The authors suggest that education which involves understanding the basic communication techniques should be given to all employees. Education should include how to address the patient, preferred name, as well as addressing any discrepancies noted with in the paperwork. Although this paper addresses only a section in healthcare, the emergency department, it shows that a lack of education resulted in a patient feeling uncared for as well as a lack of competent care in his needs. This again brings to attention that nurses are not properly trained, and this should begin in nursing school, as well as continuing with nursing education in the clinical setting.

In a study by Paradiso and Lally (2018), the authors reveal that transgender care needs to be a priority in nursing. The study shows that Nurse Practitioners are not prepared to care for transgender patients, as well as showing there is a lack of general nursing education. The results of this study show that results are consistent with other studies in that there is a lack of education. They stated that the implications of this study involve “nursing education as a whole” (pg. 54). Nursing education needs to prepare nurses to care for transgender patients. Although this study was focused on nurse practitioners, it clearly shows that education is the key for transgender health.

One of the issues in transgender health is the misuse of the terminology involving these patients. There is a lack of understanding with is partly due to the lack of training. Not only do transgenders experience caregivers who do not understand terms, they also experience transphobia. Hanssman, Morrison and Russian (2008) revealed in their study that transgender individuals face many challenges when seeking care. Many face hostilities from healthcare workers.

The authors indicated in their study that once again, training is the key to providing the care needed for these individuals. Training in cultural competence may be a way to help improve care. Also, the article stated that curriculum developers can help in the education of health care workers. This article and study did not focus on nursing itself, but health care workers throughout the system. However, it did stress that training and education is the key to helping transgender patients.

Nurses provide care for many types of patients. The population is diverse, and the needs vary for each patient, especially in dealing with the transgender patient. Weakness in nursing curricula to provide the proper training for LGBTQ patients has been identified in a study by Brennan, Barnsteiner, Siantz, Cotter, & Everett (2012). The authors noted that nursing students need to be open to diversity as well as keeping an open mind when caring for any patient. Educators need to guide students to look at their own values and attitudes to give sensitive care. The educators, or faculty, must create and maintain an environment that also lets the student feel safe and able to experience a learning environment in which they learn how to care for a transgender patient. Students should be in an environment that allows the student to understand the terms involved,

what transition is and what is involved. The authors provided some strategies for helping in the educational environment, such as writing papers, simulation, group projects, literature and films, and clinical experiences with LGBT individuals.

Nurses must be caring, kind, and competent in their practice. To become competent nurses, they must first have the proper education as well as continue that education. Jean Watson tells us that knowledge is not assumed, it is an ongoing process (Watson, 2008). As educators, we must instill knowledge on our students and prepare them to become competent nurses. Becoming competent in the care of transgender patients is an important part of this process. Nursing curricula should be evaluated to ensure that it includes taking care of transgender patients. The value of this research is providing information on the perceptions of the transgender patient on nursing care because it will inform us on how to develop training and education for nurses as well as nursing curricula.

Summary and Conclusions

The key to solving the inequity issue within the healthcare system for transgender patients is awareness and education. Most of the literature has the same conclusion; nursing curriculum in nursing schools need to address the transgender patient. Educators must provide the training for their students to provide culturally sensitive care for this population.

My goal was to first examine the perceptions of this population and provide information to the nursing education community. By educating our students in the care of transgender individuals, we may be able to begin to eliminate the bias,

misunderstandings and attitudes toward the transgender population. It is my opinion that improving education and providing interventions to improve knowledge of LGBT care is how nurses will become competent care givers in this population. If these patients are confident that they will receive care from a nurse with a positive attitude and is properly trained, they may not be so hesitant to seek out the care they need. Their perceptions of the nursing field will hopefully be positive. Not only is this information important to the research I conducted, it is important for nursing researchers to continuously seek ways to improve the care of these patients, and to provide ways to do so. It appears that nursing curriculum may be the key in changing the attitudes and lack of education in preparing nurses to care for this community. Chapter 3 will discuss the research method, purpose of the study and the research conducted.

Chapter 3: Research Method

Introduction

Transgender patients have unique health concerns that nurses need to understand to provide a safe, nurturing environment. Many of these patients delay seeking care due to lack of nursing education and bias (Biederman & Hines, 2016), which puts them at risk for not only addressing a preventable health issue but life-threatening issues as well. For nurses to understand the needs of the transgender patient and provide care, research must include the perceptions of these patients. There is a gap in literature in addressing the needs of these patients as well as the education of nurses in providing care. Thus, the purpose of this study was to examine the perceptions of transgendered patients toward the nursing care they receive. The findings of this research can be applied to schools of nursing to introduce transgender care to nursing students and to provide education opportunities for practicing nurses.

Research Design and Rationale

This study was qualitative with a narrative inquiry approach. Narrative inquiry is used in qualitative research by examining the narrated experiences of an individual (Chase, 2012). Narrative inquiry captures the human experience, as lives are shaped everyday by the stories of individuals (Clandinin et al., 2015). By using narrative inquiry, I wanted to study the experiences of my participant group and their perceptions of the care they receive. Narrative inquiry helped explain the way of thinking about the experiences of these participants (Ravitch & Carl, 2016). This approach allows the

participants to tell their stories, which allowed me to collect data and examine what the issues are for these patients as well as the issues that arise when seeking health care.

This approach was used to explore the experiences of the participants, which addresses gaps in nursing education and can help improve nursing curriculum in the care of transgender patients. My goal was to provide information that educators can implement into curriculum to ensure nursing students will be competent in the care of transgender patients. Other methods of study were not chosen because they would not help fully explore the stories, life experiences, or the perceptions of my study population.

Research Question

What are the perceptions of transgender patients toward the nursing care they receive?

Role of the Researcher

With qualitative research, the role of the researcher is to conduct studies and collect data that will contribute to the body of knowledge (Grove et al., 2013). In this type of research, the researcher collects data from participants who have experiences in the phenomenon of interest. The researcher guides the questions in the interviews as well as the research method by his or her philosophical perspective (Grove et al., 2013). My participation in the study involved asking questions, collecting data, and interpreting the data to present my findings. My intention was to interview without any influence and listen to each of the participants to show that I was interested in what they had to say. Due to the sensitive nature of this study and the participants involved, I took extra precautions to protect the identities and privacy of each of the participants. My goal was

to recruit some participants that I did not know who have transitioned as well as those who I do not know personally. Bias involves any type of influence that may distort the data findings (Grove et al., 2013), which I took steps to eliminate. I did not interview any participants who are students in my facility or anyone I have supervisory relationships with. Although one way to help eliminate bias is to have another researcher to analyze the data (Ravitch & Carl, 2016), with the sensitive nature of this study, a second researcher was not used to protect the privacy of the participants.

This study was important to me for two reasons. One was to understand the perceptions of the care these patients receive. The second reason was because it is important to be able to provide information for education in both curriculum and continuing education settings. My interest in the transgender population began when a family member transitioned, which showed me the struggles of the transgender patient. I believe this research will help faculty in preparing students in providing quality nursing care to the transgender patient.

Methodology

Methodology is how the research is conducted as well as the approach used to conduct the research (Ravitch & Carl, 2016). My research question was used to ensure data that will include information that I need to present to nursing school curriculum developers. By understanding the perceptions of these patients, the data may be used to help improve curriculum, therefore preparing nursing students the skills to provide care for transgender patients.

Participant Selection Logic

The intended participant group was transgender individuals who were currently in transition or have completed transition to their identified gender. Transitioning is identified in three categories: early, middle, and later (Katz-Wise & Budge, 2015). I intended that each participant would be identified by what transition category they were currently in; however, in the interviews, it was apparent that the category was more subjective and did not always match the medical model of transition. Each participant identified what category they were in at the start of the interview without being asked. This study was intended to examine these perceptions of adults who have identified to a gender they were not born into, have had counseling, and have been in transition and are at a maturity level that will help in identifying where the gaps occur in care for adults who are transgender. Participant requirements were at that each was at least 18 years old, though I preferred to include participants who were at least 21 years old. I wanted to interview at least 10 participants, both male and female, but I reached saturation with eight. I had planned to interview the participants in an office that was secluded for privacy and intended to make the participants feel comfortable.

The participant selection began with snowball sampling. This type of sampling is preferred by transgender individuals. For instance, Owen-Smith et al. (2016) stated that “word of mouth from members of their community would likely be the most effective recruitment method” and recruitment can be done by contacting various venues such as a church or social organization (p. 8). I intended to begin by contacting a transgender support group. By using a guide for criteria, such as age, transition process and

availability for interviews, I hoped to obtain participants that met my criteria. For this population, the criteria were met by the participants' disclosure. I was not involved with any medical records or information other than what the participants provided for me. I had a total of eight participants for the study. Once the study began, saturation was observed by the eighth participant.

Instrumentation and Procedures

The instrument used in the data collection was an interview question that I developed to allow participants to tell their stories (see Appendix). The question helped explore how these participants view nursing, if their needs are met, and if they feel their nurses are competent in the care they provide. Rather than structured interview questions, I allowed the participants to share their stories and expand on some key topics. I asked the participants to expand on any key points as well as asking questions about a stated concept, idea, or issue.

The data were collected in face-to-face interviews. All information from the interview was collected in handwritten notes along with digital recordings. Each interview was long enough for the participant to answer the interview question as well as allow time to talk about experiences without feeling rushed. Each participant was informed of how the interview will proceed and were asked if they have questions before the interview began. All participants were informed that data would be kept private and secured and that it would be coded and analyzed. No names are disclosed, and audio will be kept for 5 years as required. I also ensured that if participants decided to drop out of

the study, that all data would be destroyed. I had the interview recordings transcribed and began to code the data.

I had planned to do the interviews face to face and done at a location that was accessible to myself as well as the participant. The location I intended to use is a conference room that would ensure privacy. I was going to conduct the interviews and collect the data in the conference room. I did not believe that I would have a problem with recruitment as I had been contacted by several individuals who had heard that I planned to conduct this study. I had informed each of them that I was not able to talk to them at the time but will contact them when I had received approvals. This was an example of snowball sampling and I relied on this method as I moved forward. I planned to reach out to a transgender support group if I did not recruit enough participants in this sampling method, and that is what happened. I was not able to get enough participants during the interview process and reached out to a group. I did not recruit any of the participants, they reached out to me.

Validity in narrative inquiry is the ethical data collection during the interview process (Merriam & Tisdell, 2016). In quantitative data collection, the terms validity and reliability are used. Validity is used to measure concepts and reliability measures the accuracy of the instruments used (Heale & Twycross, 2015). Qualitative studies involve internal and external validity. Internal validity is the validity of causal inference and external validity is the generalization of the findings (Rudestam & Newton, 2015). Qualitative studies also use the terms reliability and trustworthiness.

Data Analysis Plan

For the current data collected, manual coding was used. Although the interviews involved the perspectives of each individual, there were many similarities in each one.

Some of the *anticipated* codes were:

- Lack of access to care
- Competent care from nurses
- Familiarity of gender issues
- Similar issues, regardless of gender
- Participant, family, parent, transgender
- Supportive, activities with LGBTQ
- Awareness, involvement
- Concerns with acceptance, concerns involving medical/nursing
- Vulnerability, safety issues

I did anticipate that these interviews would be difficult to code. All coding was done manually. I wanted to ensure that I captured the recurrent codes and themes.

Although coding with software may be an easier way to see the codes, manual coding may help in determining codes that are not picked up by software (Rubin & Rubin, 2012). So, by using the manual coding method, I picked out the codes, put them into categories, and then the themes.

Issues of Trustworthiness

During my data gathering, I put an emphasis on the issues of trustworthiness. My interviews were not done with students or anyone who I have a supervisory relationship

with. This kept all interviews credible. Credibility involves establishing if the results are credible, as well as to determine if the design and tools are reliable (Grove, et.al., 2013).

By examining the data from the study, I began to establish the patterns.

Transferability refers to how the results of qualitative research can be generalized (Grove, et.al., 2013). The data collected from the interviews was generalized, but due to the number of participants, I felt there were many aspects and perceptions about their healthcare experiences.

Dependability in qualitative research is similar to reliability and refers to the stability of the data collected (Grove, et.al., 2013). This involves the data and if the same results would occur. With the interviews, the results from each interview was similar in some aspects and unique in others. Although some of my research presented some of the same results, the different experiences and perceptions of these participants, the data might did vary.

Confirmability refers to how the data can be confirmed by other researchers and that it is free from the researcher's bias (Grove, et.al., 2013). I do not feel I was biased at all in these interviews. I did not have any of my actual data collection reviewed by another researcher to ensure there is no bias involved with the data collection and analysis due to the privacy and confidentiality of the participants.

Ethical Procedures

I obtained IRB approval from Walden University before I began my data collection. I did not intend to use the LGBTQ support group on my campus where I work, but I did reach out to the administrator of a support group. I used snowball

sampling for my research. I believe that this type of sampling was helpful in recruiting the participants who wanted to be part of transgender research. All participants volunteered, none were students or co-workers.

I had hoped that possible participants would reach out to me, and as anticipated, this is what occurred. I ensured each participant that their privacy would be maintained. All data was kept anonymous, confidential and any concerns were addressed with the participants, both before and during the interview process. I was the only person with access to all the data. All collected data was stored on a password protected computer as well as in a secured safe.

Summary

The purpose of this research was to examine and explore how transgender patients perceive the nursing care they receive. The research question was “What are the perceptions of transgender patients toward the nursing care they receive?” I believe that for nursing to provide safe and effective, as well as competent care for these patients, they must first be educated. This is the responsibility of educators in schools of nursing. We have a responsibility to ensure our students are not only competent but caring and give unbiased, nonjudgmental care to patients. The focus of my research was to explore what these patients experience and how can educators use this information to ensure nursing curriculum addresses their special medical needs. I hoped to show that for transgenders to receive the care they need, schools of nursing will address this and include transgender education in their programs. This will ensure that when students

become nurses, they will have the background in place and will be prepared to provide care for these patients.

Chapter 4: Results

Introduction

The purpose of this narrative study was to explore the perceptions of transgender patients toward the nursing care they receive. These patients have specific needs that nurses need education on to provide proper care. This research was guided by the research question “What are the perceptions of transgender patients toward nursing care?” This chapter will address the participants, setting, and the responses to the research question. The results of the study will also be presented along with a summary of the results.

Setting

When the research approval was granted (IRB#0514-19-0646338), the research was conducted in several ways. Some participants met face to face, and some were interviewed by video via telephone. It was my intention to meet each participant in a private office; however, several asked to meet at specific locations chosen by them. The participants were also in various cities across the United States. Because this study population can be distrustful of strangers, I wanted to accommodate their requests as much as possible.

Demographics

The participant group involved eight transgender individuals. The group included five male-to-female individuals, two female-to-male individuals, and one nonbinary individual. Nonbinary is defined as individual who is unable to match his or her sex at birth but does not identify themselves as either male or female (Fenway Health, 2016).

The participants were all over the age of 18 and in various stages of transition from beginning to complete. None of the participants were asked what stage of transition they were, but they revealed their gender identity during the interview. The ages ranged from early 20s to middle 50s. The participants were in various locations, but I did not identify them by where they live to ensure privacy was maintained. Additionally, names were not put on field notes. At the interviews, each field note was only assigned a number, which identifies which participant was interviewed. After the interviews, each transcript had the assigned number as well as an alias, which was used to share the participants' experiences.

The participants were asked about a recent experience with nursing staff. Some of the interviews were recorded. Several of the participants were not recorded, so field notes were the primary collection. The recorder was not used in these interviews because some of the locations used were too loud for a clear recording. With the participants who were recorded, a digital recorder was used and then the data were transcribed. Table 1 includes a description of the transgender status with an assigned alias.

Table 1

Participant Group

Gender Status		Participants
Male to Female	5	Denise Lisa Mary Patty Diane
Female to Male	3	Sam Kenny
Non-Binary	1	Paul

Data Collection

There was a total of eight participants who volunteered for the study. I used snowball sampling, and I reached out on social media for my initial contact. I created a flyer for those who may be interested in participating as well. I did not receive any responses from the flyer. I was contacted by several of the individuals due to word of mouth. Each of the volunteers were interviewed between May 29th, 2019 through June 17th, 2019. A consent letter was sent to each potential participant, which was signed and returned to me before the scheduled interview. Each of the participants were informed that a private office was obtained to conduct the interview. Two of the participants asked to be interviewed face to face in a setting they chose. The remaining participants were interviewed by video calls, which were done by request and to accommodate those who were not local.

Before each interview began, I restated to the participant of the purpose of the interview. I also asked each participant if he or she had any questions. Each interview was scheduled for 40-45 minutes; however, the interviews lasted from 45 minutes to 2 hours. The first few interviews lasted longer due to learning how to conduct the interview as well as understanding what the participant wanted to convey. Each participant continued to provide important data, so I let them talk freely, allowing the interview to take as long as needed. All the participants had information that they were willing to share, such as their journeys, medical issues, challenges with transition, as well as wanting to make sure that others understood what their experiences with the nursing and medical staff were. After each interview was completed, the notes or recordings

were transcribed. All data, including notes, transcriptions, and recordings were saved in a password-protected computer and a locked safe.

I informed the participants they could review any notes or transcription for accuracy. Six of the participants declined to review the transcripts, and two did not respond to the e-mails sent to review the transcripts. Each participant indicated that I could contact them at any time for further information or any questions that I had. I informed each participant they could review the final research when it was completed. Finally, I informed each participant that their names would not be used and ensured their privacy.

Data Analysis

A qualitative, narrative inquiry design was used for the data collection. Narrative inquiry allows the researcher to collect information from the participants that is stated in their own words. Narrative inquiry is a way to for the researcher to understand experiences of the participants that take part in a study (Clandinin & Connelly, 2000). When narrative interviewing is used, there are six steps: preparation, initiation, main narration, questioning phase, concluding talk, and constructing a memory protocol. (Jovchelovitch & Bauer, 2007). Using these steps, I began my data collection and reviewed and analyzed the data.

The data were collected, and analysis began after each interview. I reviewed the recorded data along with the field notes for each participant. Two of the participants were not recorded, so field notes were used only. I reviewed each interview several times and looked for repeated words, key points, and similar statements. After reviewing each

recording, I used a web-based transcription service that provided me with a transcription document. For the participants who were not recorded, I took extensive notes. I used a transcription device on my computer to obtain a transcript that would be similar to the transcriptions from the recorded interviews. I found this easier to find the words and patterns rather than the handwritten notes. To code my data, I used open coding, which involves summarizing the data collected (Ravitch & Carl, 2016). With the open coding, I used a color-coding system and assigned a color to each repeated word as well as common statements.

Once the codes were identified from each recording and transcript, the codes were put into categories. With narrative inquiry, data are analyzed by using narrative analysis, which includes focusing on the participants' experiences that are told in their stories (Ravitch & Carl, 2016). Once I found the codes in the data, I was able to identify the categories and put the data into themes. All coding was done by hand. Each of the participants had many of the same codes appearing almost immediately, which indicated that participants had many similar experiences. Some of the codes that were noted and important to this study were *acceptance*, *education*, *safety*, and *bias*. These terms came up in the interviews and were developed into the themes presented in this study. There were five major themes that developed from the codes: identity, safety, respect, education, and nurses.

All of participants in this study were volunteers. Each participant revealed information and issues that aligned with both the literature review I conducted and what I expected. I did not make assumptions with these participants before the study. However,

the data collected verified the findings that I had anticipated. All the interviews revealed similar stories and issues with being a transgender patient.

Issue of Trustworthiness

During data gathering, I put an emphasis on the issues of trustworthiness. The purpose of narrative inquiry is to tell the story of the participants. I allowed my participants to tell their stories. My intention for this study was to contribute to nursing education, so the data collection and analysis of these stories was important as well as maintaining creditability, transferability, dependability and confirmability throughout the research process.

Credibility involves establishing if the results are credible as well as to determine if the design and tools are reliable (Grove et al., 2013). Each of the participants volunteered for this study. There was a mix of male-to-female, female-to-male, and nonbinary participants, which was a diverse group. None of the participants were students or anyone I had a supervisory relationship with, which kept the interviews credible. I asked each participant the same question and left it open for them to share as much as they wanted. This group was able to tell me their stories and experiences with the nurses who provide their care. The stories told to me by the participants aligns to the research data and I found that literature had similar data. By examining the data from the stories of the participants, I began to establish codes, categories, patterns, and themes.

Transferability refers to how the results of qualitative research can be generalized (Groves et al., 2013). In this study, transferability was established by including participants from various geographical areas, different stages of transition, and a mix of

male-to-female, female-to-male, and nonbinary participants. The data collected from the participants had some general and common themes. With the number of participants, I saw similarities in all the interviews but some unique experiences as well. These experiences revealed that there were many aspects as well as perceptions about each of their healthcare experiences. I asked the participants to tell me about a recent experience. I asked some questions to clarify the information. I also allowed the participants to add any information that was relevant to their journey through transition. Each of the experiences that were told to me were documented in field notes.

Dependability in qualitative research is similar to reliability and refers to the stability of the data collected (Grove et al., 2013). This involves the data and whether the same results would occur. Each of the participants had similar stories but with some unique experiences such as experiencing a nurse saying an inappropriate comment after reading a test result. I believe any further research would show the same issues and concerns that these participants shared. Due to the sensitivity of this study, and to keep the participants' identity protected, I did not have any of the field notes, recordings, or transcripts reviewed by other researchers.

Confirmability refers to how the data can be confirmed by other researchers and that it is free from the researcher's bias (Grove et al., 2013). I felt that my research and data collection was not biased. To protect each participant, I did not have a second researcher to determine whether there was bias. I invited all participants to review the transcript data, give feedback, and to add any information they felt was important.

All the participants were volunteers from a snowball sampling method. Each participant was told about the study, contacted me, and I set up an interview. I did not choose any of the participants for the study based on what I expected my findings to be. Each participant who chose to take part in the study was given the opportunity to tell their story.

Results

This section will provide the results of the interviews. The research question was “What are the perceptions of transgender patients toward the nursing care they receive?” To answer this question, I organized the results by themes. There were five major themes that developed from the codes: identity, safety, respect, education, and nurses. The responses from the participants will be presented in quotes and well as summarized. I assigned both a number and an alias for each participant. The anticipated codes differed slightly from the actual codes. I coded the data, first by finding the common words and descriptions by each of the participants, which I grouped then developed into codes. I then grouped all the codes into themes. The anticipated codes were lack of access to care; competent care from the nurses; familiarity of gender issues; similar issues, regardless of gender; participant, family, parent, transgender; supportive, activities with LGBTQ; awareness, involvement; concerns with acceptance, concerns involving medical/nursing; vulnerability, safety issues. Table 2 contains the actual codes and the categories that were developed from the data.

Table 2

Codes and Categories

Codes	Categories
Safety	Do not feel safe in revealing
Violence	Safer in not revealing status
Bias	Bias experienced when revealed status
Non-disclosure	
Acceptance	Want to be accepted
Body image	Acting as the assigned gender/overcompensating
Lack of training	Uneducated staff not understanding the process
Incompetence	Patient is educating staff
	Transition teams make it easier and are educated in the care of transgender patient
Resources	Lack of support/resources/insurance
Insurance	Lack of money for training staff
Pronouns	Incorrect pronouns/don't understand "non-binary"

Identity

The ages of when each participant decided to transition varied. The ages for beginning transition were from early 20s to mid-50s. To protect the identity of these participants, specifics regarding their ages at transition and current ages will not be disclosed.

One of the most common themes in this participant group was the young age of when he or she knew something was "not quite right." Each of the participants stated that at a very young age, he or she just did not feel comfortable in who they were. For instance, Diane stated that as a little boy, she "felt like a little girl" instead. Diane stated that at a very young age, she "wanted to play with dolls" and was redirected to play with the toys that were given to her as a boy. The ages varied about when participants realized their gender identity. Some of the participants reported being as young as 2 or 3 years

old, but several participants were older, and Sam stayed in denial until he was about 20 years old.

Several of the participants also mentioned being in denial about their identity. Sam stated that as a teenage girl, he “overcompensated in acting like a girl” and said, “I tried to dress more feminine and do more things that a teenage girl would normally do.” He did not elaborate on what specific things he would do, but stated he just wanted to fit in as a girl. He thought maybe he was “just a masculine girl” and that is why he did not fit in. Sam also stated that “as a result of not feeling comfortable as a girl, and I began to withdraw socially.” Mary was also in denial about her identity. She stated, “I overcompensated by being a bullying type of guy.” As a male, she “would be a jerk, because that is how men act” and “acted out in an over masculine way in order to prove I was a man.” She also stated she “began to act like a bully as well, as this made me feel more like the man I was supposed to be at the time.” Denise also stated that she was “always pretending to be a boy” at a young age. Patty also said that she would try to convince herself that it was “normal for a Cis male to secretly wish he was a female.” These statements from the participants are the perceptions of transgender individuals while in a body they do not feel is the right one and how they viewed masculine and feminine behavior.

All but one participant reported that depression was an issue as they were growing up and into adulthood. Between feeling guilty as well as a degree of shame, several of the participants stated that they contemplated suicide. Two of the participants attempted suicide. Of these two, one of them attempted suicide three times. Neither participant

elaborated on what the trigger was for the suicide attempts; however, they said that they were unable to continue to live as they person they were.

In addition to the feeling the depression and sadness of denying their respective gender, five of the participants stated that they received no family support, or that the family rejected them. Three of the participants were married at the time of the disclosure of their gender status. In the cases of the married transgender individuals, two received support from their spouses and one, Mary, was completely rejected. In this case of rejection, Mary lost not only her wife at the time, but access to her children. Kenny stated that he “was completely rejected by his mother and several siblings after my reveal: of being transgender. Several of the participants did report that their family dynamics before the reveal were not ideal, so the reveal of being transgender only made the dynamics worse. These dynamics included a bullying father, strained relationships with one or both parents, marital problems, and sibling issues.

Safety

Once the decision to reveal the gender status and begin the transition process, the participants felt that their safety was an issue. This ranged from finding a doctor to start the process, to seeking care when an issue arises. Each of the participants indicated what her or she thought what safety meant. Several indicated that safety meant being accepted for who they were while seeking care. One participant stated that safety was free of not only bias, but violence as well. Two of the participants indicated that safety was being able to receive care, reveal gender status, and receive the care deserved.

Once the transition process begins, the transgender individual is now another person. However, some seek care and don't have the name change in place, or the records are not updated. This does cause confusion. However, once the process has begun, the participants do not always reveal he or she is transgender individual. Many of the participants stated that they choose not to disclose their gender status or their transition status when seeking care. One of the reasons for this being fear of rejection. Another of the reasons for non-disclosure is that the individual does not feel safe.

Mary stated that once she revealed that she was "a transgender patient, the attitude of not only the nurse, but the provider changed as well." She noticed a "shift" from discussing her care as a woman to that of a man. Several of the participants feel that it is better not to reveal gender status due to not feeling safe. However, each of the participants who stated this also stated that it becomes a danger because then they will be holding back important health information. This in turn puts a transgender patient in danger of not being treated properly, or not receiving full care.

One of the common issues among the participants, is that they do not feel that the nurses are trained properly in how to take care of a transgender patient. Five of the participants similarly stated that the lack of education may result in delayed care, because the individual does not feel the nurse can provide the care needed. This puts the transgender individual at greater risk. Kenny stated, "experiences with nurses has revealed a lack of training." He described one of his experiences as "not only educating the nurse but explaining the need for specific care following a surgery." Five of the participants stated that they are the ones educating the nurses who care for them. Three

of the participants are cared for by transition teams that have qualified and educated nurses in the care of the transgender patient. However, when these participants seek care outside of the transition team, there is a noted lack of training with the nurses who provide care.

Kenny stated that when seeking care, he would like the nurses, as well as other providers of care to “remember that the transgender patient is an individual with needs, just like any other patient.” Kenny also stated, “safety is a big concern for transgender individuals, whether seeking care or just trying to live their lives.” Kenny has experienced violence, bullying and lack of respect. Each of the participants stated that they were concerned with the same issues that Kenny had, adding to their concerns of feeling safe when seeking care. Although not all the participants experienced bullying or violence, each of the participants in this study stated that he or she feels “safer” by not revealing the gender status when seeking care.

Respect

Each of the participants similarly quoted that they wanted “respect” and “acceptance.” By accepting the transgender patient, nurses can show respect. This can be achieved by simply using the correct pronoun. One participant stated that “using the correct pronoun is a way to show respect.” Paul stated, “being a non-binary individual makes others uncomfortable, so I use the pronouns he and him.” However, this participant also chooses not to disclose gender status as well when seeking care. Another participant stated, “please don’t treat us as a disease.” Most of the participants felt that lack of training contributes to the lack of respect given.

The interviews revealed obstacles that prevent getting the proper care and respect as well. Each of the participants stated that there was some level of obstacle related to receiving care. Some of the obstacles were simply finding a doctor to start treatment, while others stated that it was insurance issues. While three of the participants are receiving care from transition teams, the rest of the participants had trouble getting consistent and competent care. They feel a lack of respect by doctors and nurses who are not trained in their specific care. Denise stated that “the insurance companies need to have a transgender person involved when deciding on what care will be paid for.” She indicated that the person on the other end of the phone does not know the patient and is making decisions that are not specific for the transgender patient. This is not only an obstacle, but a lack of respect for the transgender individual who is seeking care.

Education

Each of the participants stated that he or she spent several years preparing before transition, by educating themselves. The resources for education ranged from social media, books, support groups and articles. Once they decided to transition, finding a health care provider who was competent became a challenge. The levels of competency depend on the provider. One participant stated that levels of care, as well as refusal to treat can vary. For instance, a provider can prescribe the hormones, but not gender specific care for the transgender patient. It could also be the provider is uncomfortable since it is not his or her specialty and will send the patient to someone else. In these cases, the staff, nurses specifically, also have no training in providing care for the transgender patient.

Three of the participants are involved in transgender specific care. These three participants have transition teams. Each member of the team is trained in how to care for the transgender patient. Each stated that they feel comfortable in the care given. Each participant also stated that their nurses are competent in the care, compassionate, and respectful. Each of these individuals have experienced nurses, nursing assistants, as well as support staff who do not know how to care for them when seeking care outside the transition team.

However, this is not the same for the rest of the participants. They each have stated that the nurses they have encountered are not trained, therefore not competent in the care they provide. This is evident in that they are educating the nurses on how to care for them. Their experiences with nursing also reveal the nurse is not even comfortable in providing care. They do not feel comfortable in revealing they are transgender individuals, do not provide any information regarding their transition, and many times do not feel safe. Mary had an experience where the nurse showed shock when a test revealed gender status. This was a “distressing experience” for her. She was seeking care for a condition that had nothing to do with gender status. She stated, “the nurse was very insensitive and was not professional at all.” This made her mad, stating to me that this nurse “should not even be practicing due to his lack of empathy and sensitivity, as well as displaying transphobia.” The actions of this nurse caused Mary a great deal of distress while she was seeking care for a serious condition.

The participants who have the transition teams have had issues outside of the care team. Each of these individuals have experienced nurses, nursing assistants, as well as

support staff who do not know how to care for them when seeking care outside the transition team. In these cases, two of the participants do not reveal gender status.

The participants do not routinely disclose their gender status when seeking care. Early in transition, each stated they were educating the nurses on their care. Later in transition, when they do disclose their gender status, they continuously find themselves educating nurses on their care as well. Each participant stated that they do not normally disclose their gender status, but it would depend on the situation. Denise shared that she uses a home health aid has a lot of trouble finding a one that is willing to accept her transition status. She interviews potential candidates and once she establishes that the candidate would be acceptable to hire, she then discloses her transition and gender. This has been difficult for her because she stated, “once I reveal my status, I see both rejection and bias from many of them.” Many of her interviews end in disappointment and she must start over.

Nurses

Each participant reported an issue with nurses who are not trained in the care of transgender patients. Even if they are involved with a transition team, there has been an encounter involving a lack of training. Each of the participants also reported he or she spent anywhere from 1-2 years preparing themselves for transition. During this time, they educated themselves on transitioning, medical care, finding support and where to go for care. When encountering nurses, the participants report that they are providing education to the nursing staff.

Each of the participants explained that they found themselves educating the staff, teaching about transgender care, transitioning, as well as the use of the correct pronoun. Some of the participants have had gender reassignment surgery. Paul experienced nurses who were not using the proper pronouns following his surgery. This was especially frustrating since each of the nurses worked with a surgeon who specialized in gender reassignment surgery for transgender individuals. Kenny stated that he “needed to teach both his doctor and the nurses about the drains he would need after he had surgery.” Another issue he reports is that “nurses need to know how to give post care and discharge instructions to transgender patients and family members who are caring for them when leaving the hospital.”

Mary has experienced educating the nurses as well. She encourages questions from the nurses and tries to provide information. Patty shared that she is finding some doctors, and in turn, their nursing staff, are “working with outdated information regarding transgender care.” Sam stated he finds himself “educating nurses” every time he needs to seek out any care. He said that some of his experiences have indicated “the nurses are asking questions and willing to learn how to provide care.” However, one of the problems is that when seeking care, educating the nurses can be upsetting, especially when in the vulnerable position of being a patient with a medical need. Sam also had an experience that involved explaining why he did not need a specific test, which made him feel very uncomfortable. This type of experience is why the participants stated that it is in their best interests at times to not disclose that he or she is transgender.

Diane stated that “disclosure is frightening when nursing staff is inexperienced with transgender individuals.” Her experience has shown that although she has been cared for by nurses who are not educated in transgender care, she has had some nurses who are at least friendly to her and if there is bias, they have hidden it from her when seeking care. Patty stated that “due to bias and un-educated medical and nursing staff, I moved to another city and state to find quality care.” Her experiences include nurses who do not have any education in providing her care. She is now involved with a transition team that does include nurses who are educated in transgender care. Seeking care outside of the transition team does, however, involve nurses who are not trained in her care. She said that she “very rarely will disclose that I am transgender to the nurses.” Lisa shared that “when a nurse is not trained in the care of a transgender patient, negative experiences occur for the patient.” She also stated that there are always opportunities to educate.

Each participant shared with me that they feel nurses should be trained in the care of a transgender patient. Each of them also stated that a transgender individual should be involved in the development of a training program for nurses, as well as nursing students. Kenny added that training nurses should include clinical hours with a mental health provider who specializes in transgender patients. Kenny also suggested “nursing curricula should include an elective course on transgender care.” Both Kenny and Lisa suggested that nurses who are educated, or even willing to work with a transgender patient, wear an identifier on their badge that indicates this. The participants each have stated that the key to working with transgender individuals, or patients, involves education.

Summary

Eight participants were involved in this study, five were male to female, two were female to male and one was non-binary. All were in various stages of transition, from beginning transition to full transition. All were adults ranging in age from early 20's to middle 50's. These participants shared their experiences from early childhood to present.

Each of the participants discussed the issues of being a transgender individual, such as family support and knowing at a young age he or she was not comfortable in their identity. Among the themes noted from the interviews, the participants stated feeling unsafe, or uncomfortable when seeking care. Part of this problem is that the participants indicated the nurses who were providing care did not appear to have the proper training and they did not feel confident in the care that was given.

Each participant interviewed had an issue in one way or another with nurses who are not educated in their care. Each stated that the lack of education, issues with bias, and lack of acceptance and respect, was evident in the nurses who cared for them at one time or another. They each feel that the key in providing competent nurses in the care of the transgender patient must begin with education. The nurses who are providing care should not depend on the transgender patient to educate them in the care they are giving. They should have training that ensures competent care. The participants agree that it is ok for nurses to ask questions, but when seeking care, especially for a serious condition, is not the time to be providing the information that is needed to take care of the transgender patient. The key in providing these patients lies with education of both nurses and nursing students. This is how we as educators will provide the transgender community

with nurses who are competent in their care and allow them to feel safe and confident when they are seeking care. In Chapter 5, I will interpret the findings of this study and discuss the limitations of the study, as well as the recommendations for further research.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this narrative study was to explore the perceptions of transgender patients toward the nursing care they receive to provide better understanding and education to nurses. This research was guided by the research question “What are the perceptions of transgender patients toward nursing care?” This final chapter includes an overview of the findings, limitations of the study and the implications for social change. The key findings that will be discussed in this chapter are the transgender individuals’ identity in the transition, their discussion of safety, how they describe respect, the education of the those caring for them, and the nurses who provide this care.

One of the study’s key findings indicated that transgender individuals do not feel comfortable in disclosing gender status when seeking care as well as not feeling safe. Fear of being treated differently, rejection, bias, and a lack of confidence in the nurses providing care are some of the reasons for nondisclosure. Many of the participants had reported experienced bias when disclosing their status. Other findings revealed that transgender individuals do not receive the respect they deserve as any other patient would expect such as lack of the use of proper pronouns by nurses when seeking care. The final key finding, which relates to the purpose of this study, is that the participants do not believe the nurses who are providing care are educated in the care of the transgender patient or individual.

Interpretation of the Findings

Identity

For transgender patients, disclosure is personal. They may have a fear of disclosing to the provider not only their transition but the stage of transition.

Additionally, there is an uncertainty when disclosing and what the responses may be as well as the transgender individual not feeling safe (Bethea & McCollum, 2013). Many transgender individuals have reported experiences with abusive language as well as even being refused care after disclosing gender status, so they choose to not disclose (Rossman, Salamanca, & Macapagal, 2017).

As part of participants' identities, they reported that they felt uncomfortable and unable to conform to their assigned gender. When a child is born, he or she is assigned a gender along with the expectations of that gender (Bethea & McCollum, 2013). However, individuals may not fit the assigned category or expectations. By conforming to the gender assigned from birth, these participants did not feel comfortable in their own bodies.

Although this study only included adult transgender individuals, these participants reinforced the concept that more studies are needed on transgender children. For example, Torres et al. (2015) explored transgender issues that began from birth and into the teenage years, noting a lack of studies involving this population, especially at different ages. Many of the studies on transgender individuals involve adults only. By including more studies on the children and teenagers who identify as transgender, nurses

may be able to understand the care and needs of the transgender adult. The transgender adult in turn may be more willing to disclose his or her identity and status.

Safety

The participants of this study expressed different ways in which they felt their safety was at risk. One way the participants stated not feeling safe was an issue in finding a doctor or healthcare team who was competent in the care of transgender individuals. If these patients do not feel safe in the care of any of the health care members, they will not seek out care, which puts the patient in danger of not receiving the proper care. Further, when the medical community as well as the nurses caring for these patients are not educated in transgender health, there can be an issue of harming them.

Transgender patients continue to experience lack of knowledge of their gender identities along with negative experiences by their providers (Lerner & Robles, 2017). For example, Hanssman et al. (2008) revealed that transgender individuals face many challenges when seeking care such as hostilities from healthcare workers, which puts them at risk for injury or unsafe care. Although not every participant in this study experienced hostility, others did. Not only did this cause them to feel unsafe, it made them feel that seeking out care was not worth risk. Another way the participants explained feeling unsafe was that many of the nurses were not educated in their care and most of these participants were educating the nurses. Thus, the results indicated that those who care for transgender patients no matter what the discipline may not be prepared

or educated to provide care for the transgender patient, which can create a negative experience (Neira, 2017).

Respect

All patients deserve respect when seeking care, especially regarding gender status for those in transition. Participants stated that they experienced at least one incident involving a lack of respect when seeking care or help with their care. This ranged from the nurses not using the right pronouns to experiencing bias as well as a lack of education. The participants in the study stated that using the wrong pronoun for their gender status is a lack of respect, which can be attributed to a lack of training. Training nurses in the care of a transgender patient should include the use of the correct terminology and pronouns.

Due to the negative attitudes experienced from the providers and stigmatization, members of the LGBT community avoid healthcare (Strong & Folse, 2015). Some of the participants also expressed concern about being turned away from receiving care from both nurses and medical providers. For example, The Boston Globe (2017) reported that transgender patients have encountered doctors who do not serve the needs of the transgender patient. This shows a lack of respect for the transgender patient as well as discrimination, which keeps transgenders patient from seeking care.

Education and Nurses

The participants all reported that they spent a significant amount of time educating themselves about transition. Along with their own education, when seeking care, they found themselves educating staff as well as the nurses. However, transgender

care needs to be a priority in nursing (Paradiso & Lally, 2018). Interview responses indicated a lack of training in the nurses who cared for participants other than the ones involved in the transition teams. Most of the participants reported having an issue with a nurse who was not trained in their care. These results are consistent with previous research that has suggested a lack of general nursing education in the care of transgender patients (Paradiso & Lally, 2018).

The participants who are involved in a transition team for their care indicated that a team who is educated makes them feel safe, cared for, and respected. This reinforced the idea that the nurses need to be educated and prepared for the care of these patients. The key to educating nurses could begin in nursing school, which several of the participants stated, with a transgender individual providing input on the education. It is also important for continuing education of nurses who are already practicing. This may ensure that the nursing field has nurses who are competent in nursing care of transgender patients. However, Brennan et al. (2012) identified that there is a weakness in nursing curricula for the care of LGBTQ patients. Nursing students need to be open minded when caring for any patient, but especially with this population. If nurses are provided the training needed for the care of a transgender patient, this could help keep the patients from feeling unsafe, afraid to disclose, and not have to provide education when they are at their most vulnerable such as seeking care when ill.

Theoretical Framework

For this study, Watson's theory of human caring was used as the theoretical framework, which involves treating each patient as a valued person. Because nurses help

patients achieve wellness, this theory was appropriate to this study. Watson's theory is centered on this philosophy (Sitzman, 2007). Nurses must help all patients achieve wellness, which includes transgender patients as well as all LGBTQ patients. Additionally, the goal is to help a patient achieve harmony within their mind and body as well as their souls (Suliman, Welmann, Omer, & Thomas, 2009).

Watson's theory involves practicing kindness, cultivating one's own spiritual practice and a moral commitment to protect and enhance human dignity (Watson, 2008). The goal is to help a patient achieve harmony within their mind and body as well as their souls (Suliman et al., 2009). This applies to the issues that transgender patients experience such as feeling unsafe and feeling afraid to disclose their status. Nurses must be sensitive to the care of patients, understand their needs, and provide safe, competent, and effective care. Watson's theory also focuses on human caring relationships (Suliman et al., 2009). The relationship between a nurse and a transgender patient is important; if the patient does not feel a caring attitude from the nurse, there will be an issue of trust and the patient may even stop seeking out care. This puts them at risk for further issues, which some of the participants in this study disclosed.

The participants of this study also indicated that they do not receive caring attitudes from nurses when seeking care. The three participants who are involved in transition teams, Denise, Lisa, and Patty stated they do have caring nurses on the teams; however, when seeking care elsewhere, they do not always encounter a caring attitude. The literature and previous studies have indicated these participants are not alone in experiencing that lack of a caring attitude.

Limitations of the Study

The biggest limitation to this study is that I am a novice researcher. While conducting the interviews, I had to learn how to ensure I was gathering the important data and know how to conduct the interview itself. I only asked one research question and allowed the participants to talk about their experiences. In order to protect the privacy of my participants, I was the only researcher collecting, coding, and interpreting the data, so there was no other researcher to check for bias. I worked hard to avoid any bias. However, as a nurse who takes care of patients, no matter of their gender status, I found myself becoming upset about how some of these participants were treated by other nurses. In the transgender community, there can be bias toward nursing due as well. This was the case with several of the participants. However, these participants explained this during the interview.

One of the limitations to the study was the number of participants. There were many potential participants found through snowball sampling. However, when it came time to schedule the interview, many did not respond, and I had to start another sampling. I would have liked to meet all my participants face to face, but due to the locations of the participants, this was not possible.

Limitations and Issues of Trustworthiness

During my data gathering, I put an emphasis on the issues of trustworthiness. I did not interview any of my students, co-workers or anyone in which I had a supervisory relationship. This is how I kept all interviews credible. Credibility involves establishing if the results are, as well as to determine if the design and tools are reliable (Grove, et.al.,

2013). The data collection tool was a single question that allowed each participant to share his or her experience. I believe that although the question, or tool credible, was designed by me, it was reliable in collecting the data from the participants.

All the data I gathered from these interviews showed there was some generalization, however, there were various aspects from each participant that indicated some similar issues, as well as unique experiences. Transferability refers to how the results of qualitative research can be generalized (Grove, et.al., 2013).

Dependability in qualitative research is similar to reliability and refers to the stability of the data collected (Grove, et.al., 2013). This involves the data and if the same results would occur. With the interviews, the results from each interview was similar in some aspects and unique in others. Although some of my research presented some of the same results, the different experiences and perceptions of these participants, the data might did vary. Comparing the studies presented in the literature review, the data I collected is similar to these studies. Further studies and data collection, in my opinion, would most likely reveal some of the same issues presented in this study, such as the lack of training experienced, distrust of the nurses providing the care, and the lack of disclosure when seeking care.

Confirmability refers to how the data can be confirmed by other researchers and that it is free from the researcher's bias (Grove, et.al., 2013). I ensured all my data was not biased and wanted to show how the transgender individual perceives nursing care. The data collected however was kept strictly confidential, so there was no second

researcher to ensure there was no bias experienced. Although this is a limitation on preventing bias, I do not believe I experienced any bias with the data collection.

Recommendations

This study focused on the perceptions of the transgender patient toward the nurses who provide their care. The results of this study indicate that nurses are not prepared to take care of the transgender patient. The results also provide information about how transgender individuals are treated, how they feel about nurses, and what can be done to ensure they receive the treatment they deserve. Transgender patients should receive the same level of care as any other patient and should not have to educate the nurses who are providing care.

I would recommend that nursing needs to ensure that competent care is given to the transgender community. For this to happen, there needs to be training in place. To ensure nurses are ready to take care of the transgender patient, nurse educators need to implement this training in their schools of nursing. As noted in the literature review, the lack of knowledge in preparing student nurses can impair patient and provider communication and can reinforce the healthcare system's lack of attending to the health care needs of the transgender population (Biederman & Hines, 2016). By providing the information to student nurses, this may help them to provide care in their practice. To accomplish this, nursing curriculum must include transgender care. If nurses are not prepared to care for these patients, they could unintentionally cause harm when giving care (Merryfeather & Bruce, 2014).

More studies need to be done to explore the specific needs of the transgender patient and how to provide the care they need. Also, studies should be done to examine what the nurses need in preparing for caring for a transgender patient. These studies may also include examining the attitudes of the nurses and how they view the transgender patient. Although Lim and Hsu (2016) have stated that education is the key, they stressed it is important to understand the attitudes of nursing toward these patients, so research can be done to understand the transgender patients' perceptions of the care they receive.

Implications of the Study

Positive Social Change

There has been an increase in the visibility of the transgender individual. This visibility has also shown that the transgender community experiences various issues in their care, including nurses who are unprepared to provide care for this population (Levesque, 2015). The data presented in this study can contribute to improving the care as well as bring positive social change. First, the information provided by the participants can help in bringing awareness to the problems that transgender patients are facing when seeking care. We can begin to bring change first by starting with the individual transgender patient. The patient deserves to be respected and to receive the care he or she deserves. By focusing on the needs of the patient, we can begin to show the transgender community that nurses are prepared to take care of them when seeking care. This may help in building trust with the transgender community and allow the patients to feel comfortable in seeking care and feeling more comfortable with disclosure of gender status.

This study can be used by nurses to improve nursing care given to the transgender patients. By understanding how these patients are treated and the issues they face, nursing organizations can implement training programs to address the issues that are faced by these patients. The study shows that nurses are not prepared to care for the transgender patient. By using the information and data represented in this study, we can gradual begin to bring change by starting with schools of nursing. By providing students with the skills and understanding of how to care for these patients, they can provide a safe and caring environment. Many transgender patients do not feel comfortable in disclosing their gender status and are afraid of negative experiences (Bethea & McCollum, 2013). These experiences can be simply not having a nurse who is prepared to provide care for a transgender patient. The participants of this study have verified this issue during the interviews. Some of these experiences are due to the lack of training. Transgender patients may be more comfortable in disclosing their status, seeking healthcare when needed and feel they are being cared for by a nurse who is competent in the care of the transgender patient.

This qualitative study used a narrative approach. Further studies using this approach can further explore the perceptions of this population. By listening to the stories and experiences of the transgender participants, researchers may understand the issues that occur and make recommendation on how to improve care. Nurses and educators can use the information to improve nursing care, bringing change to how the provide care, as well as understand the individual needs of the transgender patient.

Finally, this study can be used to show how the transgender patient experiences care from nursing, giving them a voice regarding not only their perceptions of their care, but how to ensure the proper care is given. The participants in this study have indicated that it would be beneficial to have a transgender individual provide input when a training program or implementing transgender care into curricula. One participant, Kenny, indicated not only should a transgender individual provide input in developing a training program, he also would like to see transgender individuals speak with nursing students. Mary also indicated that care would be improved when a transgender individual is involved with creating curriculum and helping educators plan training. This can be both beneficial to the transgender community, by giving them a voice in how care is given, and to nurses who will receive the proper training in transgender patient care.

The goal of this study was to explore how the transgender patient perceives the nursing care that is given, and how to improve the care so that each patient will feel valued and know they have received the best possible care given by the nurse providing this care. The goal was also to improve the outcomes of the care given to transgender patients in every aspect of nursing care on a both a national and eventually a global level.

Conclusion

When patients are seeking healthcare, they do not want to have to worry that the nurses who are providing care are not competent in that care. Nurses are supposed to be caring, non-judgmental, and prepared for the patients who they care for. A transgender patient should expect the same care as any other patient and expect that their nurse is prepared to care for them.

Nurses are prepared in nursing school and should expect to have the most up to date training while in school. Nursing educators can prepare their students to care for the transgender patient by ensuring the curricula provides their students with the information needed to take care of the transgender patient. When students leave school and enter practice, their places of employment would benefit in providing training that will help them in the care for these patients.

The problems identified in this study, such as fear and feeling unsafe should be addressed and resolved. This can only happen by bringing awareness of the problem to the nursing field and by informing educators that they need to be part of the solution. By teaching our nursing students how to care for these patients before they enter practice, we will be ensuring that as nurses, they will be prepared for the care of the transgender patient. By including continuing education and training programs in the healthcare facilities, educators will ensure that nurses are prepared and competent to take care of our transgender population.

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Appendix: Interview Questions

After introducing myself and the purpose of this study I will begin with this statement:

“In my research, I am interested in the transgender patient, and the care they receive in various health care settings. My interest is in helping nurses to provide quality care to the transgender patient.”

“If I say something that does not make sense, or if you feel uncomfortable, please tell me.”

“Can you tell me about a recent experience and the care you received from the nursing staff?”

Key points to explore:

- Obstacles
- Bias
- Identity
- Experiences
- Competence
- Listening/active listening from nurses
- Has care evolved over time?
- Changes in care when gender identity is known